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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90169 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093391

1. Corporation Name

PHYSICAL THERAPY AND REHABILITATION, INC.

Principal Place of Business

525 S.E. 6TH AVE
DELRAY BEACH FL 33483

Mailing Address

525 S.E. 6TH AVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

65-0707595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENCE, JODI
7777 GLADES ROAD, SUITE 300
BOCA RATON FL 33434

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

E. NICHOLAS DAVIS, III

1903 S. CONGRESS AVE #400

BOYNTON BEACH FL

33426

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

E. NICHOLAS DAVIS, III

4/28/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PUSATORI, DANA J
STREET ADDRESS 10323 61 CABALLO COURT
CITY-ST-ZIP DELRAY BEACH FL 33446

1.1 TITLE D/P/CEO ☒ Change ☐ Addition

1.2 NAME Pusateri, Dana J.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE S/T ☐ Change ☒ Addition

2.2 NAME KOBLEN, ARTHUR P
2.3 STREET ADDRESS 1903 S. CONGRESS AVE #400
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE EXEC V.P. ☐ Change ☒ Addition

3.2 NAME DAVIS, E. NICHOLAS III
3.3 STREET ADDRESS 1903 S. CONGRESS AVE #400
3.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. NICHOLAS DAVIS, III

4/28/99

(561) 737-2227

Date

Daytime Phone #

CR2E034 (1/198)